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INDICATION FORM**

Application Number	10/645,014
Filing Date	August 21, 2003
First Named Inventor	DOUGLAS A. DEVENS, JR.
Title	MULTILAYER MEDICAL DEVICES
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	1001.2333101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28075

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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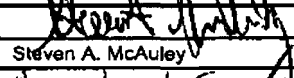
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	September 23, 2008
Name	Steven A. McAuley	Telephone	713.494.2425
Title and Company	Assistant Secretary, Patent Counsel		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**LIMITED AUTHORIZATION TO ACT ON BEHALF OF ASSIGNEE  
REGARDING CERTAIN PATENT MATTERS  
EFFECTIVE THROUGH: December 31, 2008**

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\_\_\_\_\_  
Lawrence J. Knopf, Senior Vice President and Deputy General Counsel

1/9/08  
\_\_\_\_\_  
Date

COMMONWEALTH OF MASSACHUSETTS

COUNTY OF MIDDLESEX

)  
) ss.  
)

On this 9<sup>th</sup> day of January, 2008, before me personally appeared Lawrence J. Knopf to me known and known to me to be the person described in and who executed the foregoing instrument, and he duly acknowledged to me that he executed the same for the uses and purposes set forth herein.

Nona E. Hurd  
Notary Public

**Nona E. Hurd**  
**NOTARY PUBLIC**  
My commission expires Sept 18, 2009

[b-1] Limited Authorization 1/9/08